

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

09/26/94

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> : NYD982736530

FACILITY NAME -> 2 JS DRY CLEANERS

MAILING ADDRESS -> 281 W MAIN ST

SMITHTOWN, NY 11787

INSTALLATION ADDRESS -> 281 W MAIN ST

SMITHTOWN, NY 11787

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION II 26 FEDERAL PLAZA** NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006 HAZARDOUS & SOLID WASTE PROGRAMS BRANCH RCRA NOTIFICATIONS

KIM, JUNG TO: OWNER 2 JS DRY CLEANERS 281 W MAIN ST SMITHTOWN, NY 11787

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Please print or type with ELITE type (12 characters per inch) in the unshaded areas only Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 Notification of

Form Approved. OMB No. 2050-0028. Expires 10-31-91 GSA No. 0246-EAA-OT L

Date Received (For Official Use Only)

- TOEF 19

Regulated Waste

of the Resource Conservation and Recovery Act). United States Environmental Protection Agency PROGRAM	S 1
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)	BF
A. First Notification B. Subsequent Notification (complete item C) C. Installation's EPA ID Number N Y D 9 8 2 7 3 6 5 3 0	
II. Name of Installation (Include company and specific site name)	
2 J'S NRU CIURS	
III. Location of Installation (Physical address not P.O. Box or Route Number)	
Street	
281 WEST MAIN STREET	
Street (continued)	
SMY THATE WIN	
City or Town State ZIP Code	
SMITHTOWN N41/787-	
County Code County Name	
Suffolk	
IV. Installation Mailing Address (See Instructions)	
Street or P.O. Box	
281 WEST MAIN STREET	
City or Town State ZIP Code	
SmiThTowN. 8411787 -	
V. Installation Contact (Person to be contacted regarding waste activities at site)	
Name (last) (first)	
KIMITUWA	1
Job Title Phone Number (area code and number)	3
10068 1111111111111111111111111111111111	11871
W	7
VI. Installation Contact Address (See instructions) L. Contact Address B. Street or P.O. Box	62
Location Mailing	P
2811 WEST MAIN STREET	_
City or Town State ZIP Code	(e)
1 m / Th TO WM NY 1/ 787-	_
VII. Ownership (See Instructions)	516
A. Name of Installation's Legal Owner	
Tung MIN, KIM	2
Street, P.O. Box, or Route Number	2
Alwaginst	2
City or Town State ZIP Code	1/0
m: 76 70 Wn NY NY 1/282-	A
Phone Number (area code and number) B. Land Type C. Owner Type D. Change of Owner (Date Changed) Indicator Month Day Year	3

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VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxe	
A. Hazardous Waste Activity	B. Used Oil Fuel Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220 - 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify 3. Treater, Storer, Disposer Note: A permit is required this activity; see instruction 4. Hazardous Waste Fuel a. Generator Marketing b. Other Marketers c. Burner - indicate devent Type of Combustion 1. Utility Boiler 2. Industrial Boile 3. Industrial Furr 5. Underground Injection Company C	a. Generator Marketing to Burner b. Other Markerer c. Burner - indicate device(s) - Type of Combustion Device 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claim
IX. Description of Regulated Wastes (Use additional sheets if necessar	ry)
wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24) 1. Ignitable 2. Corrosive 3. Reactive 4. Toxic (D001) (D002) (D003) (D000) (List specific EPA haz	zardous waste number(s) for the Toxic contaminant(s))
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you no	eed to list more than 12 waste codes.)
fold Noon Do39	4 5 6 10 11 12
7 8 9	
C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions	ns.)
1 2 3 4	5 6
Certification	
I certify under penalty of law that I have personally examined and an and all attached documents, and that based on my inquiry of the obtaining the information, I believe that the submitted information that there are significant penalties for submitting false inform imprisonment.	those individuals immediately responsible for on is true, accurate, and complete. I am aware nation, including the possibility of fines and
Name and Official Title (type or Jung Min.	Date Signed 9/15/94
KI. Comments	TOTAL COLOR

Please print or type with ELITE type (12 characters per inch) in the unshaded areas	Only Charles on Approved. OMB No. 2050-0028. Expires 9-30-88.
United States Environmental Pro Washington, DC 204	tection Agency Please refer to the <i>Instructions for Filing Notification</i> before completing
SEPA Notification of Hazardou	
For Official Use Only	and Recovery Act).
Com	iments
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tenantification and the second second second second second	Date Received
Installation's EPA ID Number C	Approved (yr. mo. day)
FMYD982726530 1	890502
I. Name of Installation	
UNE STOP ELEANE	PS
II. Installation Mailing Address	r P.O. Box
C 281 WEST MAIN	157
City or Town	State ZIP Code
C SMITHTOWN	WY 11787
III. Location of Installation	
Street or R	oute Number
5	
City or Town	State ZIP Code
6	
IV. Installation Contact Name and Title (last, first, and job title)	Phone Number (area code and number)
CHIO RALP	4 5162650856
V. Ownership	
A. Name of Installation's Legal Owne	B. Type of Ownership (enter code)
R AMA IN AT DAC	4 Sec
VI. Type of Regulated Waste Activity (Mark 'X' in the ap) A. Hazardous Waste Activity	propriate boxes. Refer to instructions.) B. Used Oil Fuel Activities
1a. Generator 1b. Less than 1,000 kg/mo.	6. Off-Specification Used Oil Fuel
2. Transporter	(enter 'X' and mark appropriate boxes below) ☐ a. Generator Marketing to Burner
☐ 3. Treater/Storer/Disposer☐ 4. Underground Injection	b. Other Marketer
5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)	☐ c. Burner
a. Generator Marketing to Burner	7. Specification Used Oil Fuel Marketer (or On site Burner)
☐ b. Other Marketer ☐ c. Burner	Who First Claims the Oil Meets the Specification
VII. Waste Fuel Burning: Type of Combustion Device (ent	er 'X' in all appropriate boxes to indicate type of combustion device(s) in
which hazardous waste fuel or off-specification used oil fuel is burned. S A. Utility Boiler B. Industria	- 17 - 18 - 18 - 18 - 18 - 18 - 18 - 18
VIII. Mode of Transportation (transporters only — enter	
☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Ot	her (specify)
IX. First or Subsequent Notification	
Mark 'X' in the appropriate box to indicate whether this is your install notification. If this is not your first notification, enter your installation's E	ation's first notification of hazardous waste activity or a subsequent PA ID Number in the space provided below.
a 6 http:	C. Installation's EPA ID Number
A. First Notification B. Subsequent Notification (complete ite	m C)

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	on of Hazard	ALIE WASTES //				
mazaroniis w			s. Enter the four-digit num		61 21 for each list	
from nonspec	ific sources you	r installation hand	dles. Use additional sheet	is if necessary.	o 1.31 for each liste	a nazardous waste
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Hazardous W	astes from Spe	cific Sources. En	nter the four-digit number	from 40 CFR Part 261.3	2 for each listed ha	azardous waste from
specific source	ces your installa	tion handles. Use	additional sheets if nece	ssary.		
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Commercial (our installation	Chemical Produ on handles which	ict Hazardous Wa ch may be a hazar	astes. Enter the four-digit rdous waste. Use addition	number from 40 CFR Particles and sheets if necessary.	art 261.33 for each	chemical substance
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isted Infection	ous Wastes. En	ter the four-digit r	number from 40 CFR Part	261.34 for each hazard	ous waste from ho	spitals, veterinary hos-
itals, or medi	cal and researc	h laboratories you	ur installation handles. Us	e additional sheets if ne	cessary.	
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harantarietie	o of Nonlistad	Hazardaya Waata	es. Mark 'X' in the boxes			
our installation	on handles. (See	40 CFR Parts 26	1.21 — 261.24)	corresponding to the cha	racteristics of non-	isted nazardous wastes
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	(Ď001)		(D002)	(D003)	12444-469	(D000)
Certificati	on					
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United States Environmental Protection Agency Washington, DC 20460 Please refer to the Instructions for Filing Notification before completing. SEPA this form. The information requested **Notification of Hazardous Waste Activity** here is required by law (Section 3010 of the Resource Conservation and Recovery Act). For Official Use Only Comments C C Date Received Installation's EPA ID Number Approved (yr. day mo. Installation Mailing Address Street or P.O. Box 17 City or Town State ZIP Code 29 Location of Installation Street or Route Number City or Town State ZIP Code IV. Installation Contact Name and Title (last, first, and job title) Phone Number (area code and number) Ownership A. Name of Installation's Legal Owner B. Type of Ownership (enter code) ME OR VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.) A. Hazardous Waste Activity **B. Used Oil Fuel Activities** ☐ 1a. Generator 1b. Less than 1,000 kg/mo. 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below) 2. Transporter 3. Treater/Storer/Disposer a. Generator Marketing to Burner 4. Underground Injection ☐ b. Other Marketer 5. Market or Burn Hazardous Waste Fuel C. Burner (enter 'X' and mark appropriate boxes below) a. Generator Marketing to Burner 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification ☐ b. Other Marketer C. Burner VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.) A. Utility Boiler B. Industrial Boiler C. Industrial Furnace VIII. Mode of Transportation (transporters only - enter 'X' in the appropriate box(es) C. Highway B. Rail D. Water ☐ E. Other (specify) IX. First or Subsequent Notification Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below. C. Installation's EPA ID Number

☐ B. Subsequent Notification (complete item C)

A. First Notification

	azardous Wastes (co om Nonspecific Sources. ces your installation handl	Enter the four-digit num	ber from 40 CFR Part	261.31 for each listed	hazardous waste
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	om Specific Sources. Ente installation handles. Use a			1.32 for each listed haz	ardous waste from
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isted Infectious Wa	estee. Enter the four-digit not research laboratories you	number from 40 CFR Parter installation handles. Us	t 261.34 for each haz se additional sheets i	ardous waste from hos f necessary.	pitals, veterinary hos-
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49			corresponding to the	characteristics of nonli	sted hazardous waste
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Characteristics of Nour installation hand (D001) Certification I certify under p this and all atta obtaining the incomplete.	ble Care 40 CFR Parts 26	1.21 — 261.24) 2. Corrosive (D002) Eve personally examined that based on my item in the submitted informatting false informations.	3. Read (DOO ined and am fam nquiry of those in ormation is true, a	iliar with the inform ndividuals immedia accurate, and compl he possibility of fine	(DOOO) mation submitted stely responsible f lete. I am aware th

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(VERIFICATION)

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PAI.D. NUMBER

+ NYD982736530

REGIMENT LAUNDRY CORP
972 NICOLLS ROAD
DEER PARK

NY 11729

INSTALLATION ADDRESS

281 WEST MAIN STREET
SMITHTOWN

NY 11787

EPA Form 8700-12B (4-80)

05/15/05

